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## BIB DATA SHEET

CONFIRMATION NO. 7253

<b>SERIAL NUMBER</b> 09/211,297	<b>FILING or 371(c) DATE</b> 12/14/1998 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> A-451M		
<b>APPLICANTS</b> WILLIAM J. BOYLE, MOORPARK, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 08/880,855 06/23/1997 ABN which is a CIP of 08/842,842 04/16/1997 PAT 5,843,678 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/21/1999						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL SZPERKA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> AMGEN INC. MAIL STOP 28-2-C ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799 UNITED STATES						
<b>TITLE</b> ANTIBODIES TO OSTEOPROTEGERIN BINDING PROTEINS						
<b>FILING FEE RECEIVED</b> 2522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			